

CITY OF HAMPTON, VIRGINIA

Ross A. Mugler, Commissioner of the Revenue, P.O. Box 636, Hampton Virginia 23669

Business Classification Information (BCI)

Please complete a separate form for each location in the City of Hampton.

Business / Owner Name: _____

Trade Name: _____

Business Address: _____

Mailing Address: _____

Business Website Address: _____

Business Phone Number: _____

Date Business Began in Hampton: _____

Ownership Type (check one) ☐ Limited Liability Company ☐ Corporation ☐ Sole Proprietorship
☐ Partnership (attach list with names and SSN of partners) ☐ Other (Specify) _____

Federal I.D. Number: _____ Owner's Social Security Number: _____

Please list any other locations outside the City of Hampton: _____

Is business registered with SCC? If so please provide registration name, number and registered agent: _____

NAICS (SIC) Code (if known) _____

Federal Tax form filed: _____ Business account code from federal form: _____

Description of business (Provide complete description of work performed/services provided): _____

Types of clients/customers (private individuals/other businesses, government) _____

Describe the source(s) of gross receipts (payment for products/services rendered, commissions) _____

Total number of employees: _____ Number of Degreed/professional employees: _____

Types of Degrees/Professional Certifications _____

Is the company designated as a principal contractor receiving identifiable federal appropriations for research and development purposes in areas of computer and electronic systems, computer software, applied sciences, economic & social sciences or electronic and physical sciences? _____

This information is true and correct to the best of my knowledge and belief.

Name of authorized agent _____ Title _____

Signature of authorized agent _____ Date: _____

Phone number: _____